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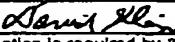
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		PTO/SB/05 (08-03) Approved for use through 07/31/2008. OMB 0851-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
		Attorney Docket No. 1376ELB-US First Inventor Amit MOR Title REPLACEMENT LIGAMENTUM TERES FEMORIS Express Mail Label No.

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 8] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. <input type="checkbox"/> Specification Sequence Listing on:           <ul style="list-style-type: none"> <li><input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li><input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>
4. <input checked="" type="checkbox"/> Drawing(s)(35 U.S.C. 113) [Total Sheets 3]		<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of (when there is an assignee) Attorney</li> <li>11. <input type="checkbox"/> English Translation Document (if applicable) Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</li> <li>12. <input type="checkbox"/> Preliminary Amendment</li> <li>13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</li> <li>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</li> <li>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(13)(i). Applicant must attach form PTO/SB/35 or its equivalent.</li> <li>16. <input type="checkbox"/> Other: .....</li> <li>17. <input type="checkbox"/></li> </ul>
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<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)      of prior application No.: .....		

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_  
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## 19. CORRESPONDENCE ADDRESS

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Country	Israel	Telephone	972-8-949-5334	Fax 972-8-949-5323
Name (Print/Type)	David Klein		Registration No. (Attorney/Agent)	41,118
Signature			Date	15 December 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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22141 U.S.PTO  
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PTO/SB/17 (10-03)

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 385)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Amit MOR
Examiner Name	
Art Unit	
Attorney Docket No.	1376ELB-US

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

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The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
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## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	<input type="text" value="385"/>
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL(1) (\$ 385)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Fee from Extra Claims below	Fee Paid
			-20- = <input type="text"/> X <input type="text"/>	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater. For Reissues, see above

Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65 Surcharge -late filing fee or oath	
1052 50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130 Non-English specification	
1812 2,520	1812 2,520 For filing a request for ex parte reexamination	
1804 920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251 110	2251 55 Extension for reply within first month	
1252 420	2252 210 Extension for reply within second month	
1253 950	2253 475 Extension for reply within third month	
1254 1,480	2254 740 Extension for reply within fourth month	
1255 2,010	2255 1,005 Extension for reply within fifth month	
1401 330	2401 165 Notice of Appeal	
1402 330	2402 165 Filing a brief in support of an appeal	
1403 290	2403 145 Request for oral hearing	
1451 1,510	1451 1,510 Petition to institute a public use proceeding	
1452 110	2452 55 Petition to revive - unavoidable	
1453 1,330	2453 665 Petition to revive - unintentional	
1501 1,330	2501 665 Utility issue fee (or reissue)	
1502 480	2502 240 Design issue fee	
1503 640	2503 320 Plant issue fee	
1460 130	1460 130 Petitions to the Commissioner	
1807 50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180 Submission of Information Disclosure Stmt	
8021 40	8021 40 Recording each patent assignment per property (times number of properties)	
1809 770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385 For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385 Request for Continued Examination (RCE)	
1802 900	1802 900 Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

(Complete if applicable)

Name (Print/Type)	David Klein	Registration No. (Attorney/Agent)	41,118	Telephone	972-8-949-5334
Signature	<i>David Klein</i>			Date	15 December 2003

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